## Request for Public Records

Submittal of this form is not required but it is provided for your convenience.



To Be Completed by Requester		
Name of Requester		
Agency/Company	 Email Addre	
Agency/company	Lillali Addi e	.53
Mailing Address	Phone #	Fax #
Requested Documents/Information:		
(please be as specific as possible, e.g., subject matter, key words, date range, County department(s), etc.)		
FOR OFFICE USE ONLY		
Clerk's Initials:  Request Received	Clerk's Initials:  Notification of Records Availability Given	Clerk's Initials:  Request Picked Up, Mailed or Faxed
Walk-In	Immediate	☐ Picked Up
Mail	One Business Day	Mailed
Phone / Fax	Other:	Faxed
Other:	Comment:	Other:
Number of Copies: X	\$ per page =\$	(reference Administrative Bulletin 120 for fees)
Computer media:	=\$	
Postage:	=\$	
Other:	=\$	
TOTAL:	=\$	
Total Money Collected	\$	Cash / Check / Money Order
Customer Receipt #:	Cashier's Initials:	